



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

Oklahoma Panhandle State University
Grade Change Form

TO: Provost

FROM: _____

DATE: _____

SUBJECT: GRADE CHANGE

Student Name: _____

Student ID: _____

REASON FOR GRADE CHANGE:

Dept./Course Number: _____

Course Title: _____

Term/Year: _____

Change Grade From _____ **to** _____

Instructor

Date

Dean of School

Date

VPASA

Date

Registrar

Date